

Rhode Island 2001 Behavioral Risk Factor Surveillance System Questionnaire

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Introduction

HELLO, I'm _____ (name) _____ calling for the Rhode Island Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Rhode Island residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ (phone number) _____ ?

If "no"

Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_____ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

_____ Number of men

_____ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 2

To correct respondent HELLO, I'm _____ (name) _____ calling for the Rhode Island Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health habits of Rhode Island residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

	Excellent	1
	Very good	2
	Good	3
	Fair	4
	or	
	Poor	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(75-76)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

If Q1.2 and Q1.3=88, Go to Q2.1

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (77-78)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

Yes	Go to Q2.2	1
No		2
Don't know/Not sure	Go to Q2.3	7
Refused	Go to Q2.3	9

MOD4_1. What is the main reason you are without health care coverage? (237-238)

Read Only if Necessary		
Lost job or changed employers		0 1
Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]		0 2
Became divorced or separated		0 3
Spouse or parent died		0 4
Became ineligible because of age or because left school		0 5
Employer doesn't offer or stopped offering coverage		0 6
Cut back to part time or became temporary employee		0 7
Benefits from employer or former employer ran out		0 8
Couldn't afford to pay the premiums		0 9
Insurance company refused coverage		1 0
Lost Medicaid or Medical Assistance eligibility		1 1
Other		8 7
Don't know/Not sure		7 7
Refused		9 9

MOD4_2. About how long has it been since you had health care coverage? (239)

Read Only if Necessary

Within the past 6 months (1 to 6 months ago)	1
Within the past year (6 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
Within the past 5 years (2 to 5 years ago)	4
5 or more years ago	5
Don't know/Not sure	7
Never	8
Refused	9

Go to core Q2.3

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

Yes	1
No	Go to Q2.3 2
Don't know/Not sure	Go to Q2.3 7
Refused	Go to Q2.3 9

MOD4_3. What was the main reason you were without health care coverage during the past 12 months? (240-241)

Read Only if Necessary

Lost job or changed employers	0 1
Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
Became divorced or separated	0 3
Spouse or parent died	0 4
Became ineligible because of age or because left school	0 5
Employer doesn't offer or stopped offering coverage	0 6
Cut back to part time or became temporary employee	0 7
Benefits from employer or former employer ran out	0 8
Couldn't afford to pay the premiums	0 9
Insurance company refused coverage	1 0
Lost Medicaid or Medical Assistance eligibility	1 1
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

If "no," ask	Yes, only one	1
"Is there <u>more</u>	More than one	2
<u>than one</u> or is	No	3
there <u>no</u> person	Don't know/Not sure	7
who you think of?"	Refused	9

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State Added: Exercise

RI12_1. I get little or **no** exercise during a usual day. (495)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

Yes	1
No	Go to Q5.1 2
Don't know/Not sure	Go to Q5.1 7
Refused	Go to Q5.1 9

4.2. Are you currently taking medicine for your high blood pressure? (84)

Yes	1
No	2

Don't know/Not sure
Refused

7
9

Section 5: Cholesterol Awareness

- 5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

Yes		1
No	Go to Q6.1	2
Don't know/Not sure	Go to Q6.1	7
Refused	Go to Q6.1	9

- 5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Refused	9

- 5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 6: Asthma

- 6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

Yes		1
No	Go to Q7.1	2
Don't know/Not sure	Go to Q7.1	7
Refused	Go to Q7.1	9

- 6.2. Do you still have asthma? (89)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	Yes		1
	Yes, but female told only during pregnancy	Go to RI1_3	2
	No	Go to 8.1	3
	Don't know/Not sure	Go to 8.1	7
	Refused	Go to 8.1	9

Module 1: Diabetes

MOD1_1. How old were you when you were told you have diabetes? (180-181)

Code age in years [97 = 97 and older]	
Don't know/Not sure	9 8
Refused	9 9

MOD1_2. Are you now taking insulin? (182)

Yes	1
No	2
Refused	9

MOD1_3. Are you now taking diabetes pills? (183)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State-Added Diabetes

RI1_1. Was there **ever** a time when you needed medication for your diabetes but couldn't afford it? (400)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year			4
-			
Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year			4
-			
Never	8	8	8
No feet	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

Number of times	__	__
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

Number of times [76 = 76 or more]	—	—
None	8	8
Never heard of hemoglobin "A one C" test	9	8
Don't know/Not sure	7	7
Refused	9	9

If MOD1_5 =555, Go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

Number of times	—	—
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

Within the past month (0 to 1 month ago)	1
Within the past year (1 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
2 or more years ago	4
Never	8
Don't know/Not sure	7
Refused	9

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_12. Have you ever taken a course or class in how to manage your diabetes yourself?
(199)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI1_2 In the past 12 months, have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist?
(401)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

The diabetes patient record is a booklet the size of a credit card that is being given to people with diabetes by doctors, health plans, diabetes educators, and community agencies such as the Diabetes Foundation of Rhode Island.

RI1_3. Have you received a diabetes patient record? (402)

Yes	1
No	2
DK	Go to 8.1 7
Refused	Go to 8.1 9

RI1_4. Has the diabetes patient record been at all useful to you? (403)

Yes	1
No	2
DK	Go to 8.1 7
Refused	Go to 8.1 9

RI1_5. Have you used it in any of these ways...(404)

To help you schedule how often you make appointments to see your health provider for routine diabetes visits and tests?

Yes	1
No	2
Don't know	7
Refused	9

RI1_6. To help you remember which diabetes medications to take and when to take them? (405)

Yes	1
No	2
Don't know	7
Refused	9

RI1_7. To contact diabetes resources in your community or in the state? (406)

Yes	1
No	2
Don't know	7
Refused	9

If RI1_4 =1 and RI1_5, RI1_4, and RI1_6 all = 2, 7, 9, ask RI1_8, else go to Section 8 Arthritis

RI1_8. How have you found the diabetes patient record to be useful? (407)

Record Open-end	1
Don't know	7
Refused	9

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

Yes	1
No	Go to Q8.5 2
Don't know/Not sure	Go to Q8.5 7
Refused	Go to Q8.5 9

8.2. Were these symptoms present on most days for at least one month? (92)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.5. Have you ever been told by a doctor that you have arthritis? (95)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.6. Are you currently being treated by a doctor for arthritis? (96)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State Added: Immunization

If 9.1=2, 7, or 9 OR 2.3=3, 7, or 9, Go to 9.2

RI2_1. Did you receive the flu shot from your personal doctor or health care provider? (408)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	Yes		1
	No	Go to Q11.1	2
	Don't know/Not sure	Go to Q11.1	7
	Refused	Go to Q11.1	9

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

Every day	1
Some days	2
Not at all	Go to Q11.1 3
Refused	Go to Q11.1 9

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

Days per week		1	__	__
Days in past 30		2	__	__
No drinks in past 30 days	Go to Q12.1	8	8	8
Don't know/Not sure	Go to Q12.1	7	7	7
Refused	Go to Q12.1	9	9	9

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

Number of drinks		__	__
Don't know/Not sure		7	7
Refused		9	9

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

Number of times		__	__
None		8	8
Don't know/Not sure		7	7
Refused		9	9

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

- 12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 13: Demographics

13.1. What is your age? (110-111)

Code age in years	<u> </u> <u> </u>
Don't know/Not sure	0 7
Refused	0 9

13.2. Are you Hispanic or Latino? (112)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

13.3. Which one or more of the following would you say is your race? (113-118)
{MUL 6}

Please Read

Mark all that apply	White	1
	Black or African American	2
	Asian	3
	Native Hawaiian or Other Pacific Islander	4
	American Indian, Alaska Native	5
	or	
	Other [specify] _____	6
	No additional choices	8
Do not read these responses	Don't know/Not sure	7
	Refused	9

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

White	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
American Indian, Alaska Native	5
Other [specify] _____	6
Don't know/Not sure	7
Refused	9

13.5. Are you: (120)

Please Read

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
or	
A member of an unmarried couple	6

Do not read Refused 9

13.6. How many children less than 18 years of age live in your household ? (121-122)

Number of children	
None	8 8
Refused	9 9

State Added: Children in Household

If 13.6=1 Go to 13.7

R15_1. How many children live in your household who are...

Please Read

Code 1-9	a. less than 5 years old?	_____ (417)
7 = 7 or more		
8 = None	b. 5 through 12 years old?	_____ (418)
9 = Refused		
	c. 13 through 17 years old?	_____ (419)

Program Consistency Check with Number of Children In 13.6

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

Never attended school or only attended kindergarten	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4

College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
Refused	9

13.8. Are you currently: (124)

Please Read

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
A Homemaker	5
A Student	6
Retired	7
or	
Unable to work	8

Do not read Refused 9

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent	Less than \$25,000 If "no," ask 05; if "yes," ask 03	0 4
refuses at	(\$20,000 to less than \$25,000)	
any income	Less than \$20,000 If "no," code 04; if "yes," ask 02	0 3
level, code	(\$15,000 to less than \$20,000)	
refused	Less than \$15,000 If "no," code 03; if "yes," ask 01	0 2
	(\$10,000 to less than \$15,000)	
	Less than \$10,000 If "no," code 02	0 1
	Less than \$35,000 If "no," ask 06	0 5
	(\$25,000 to less than \$35,000)	
	Less than \$50,000 If "no," ask 07	0 6
	(\$35,000 to less than \$50,000)	
	Less than \$75,000 If "no," code 08	0 7
	(\$50,000 to less than \$75,000)	
	\$75,000 or more	0 8

Do not read Don't know/Not sure 7 7
these responses Refused 9 9

13.10. About how much do you weigh without shoes? (127-129)

Round Weight
fractions up pounds

Don't know/Not sure	7 7 7
Refused	9 9 9

13.11. About how tall are you without shoes? (130-132)

Round fractions down	Height	<u> </u> / <u> </u> <u> </u>
		ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.12. What county do you live in? (133-135)

FIPS county code	<u> </u> <u> </u> <u> </u>
Don't know/Not sure	7 7 7
Refused	9 9 9

State-Added: City/Town

RI3_1 What city or town do you live in? (409-411)

See Attached town code list

Autocode to county.

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

Yes		1
No	Go to Q13.15	2
Don't know/Not sure	Go to Q13.15	7
Refused	Go to Q13.15	9

13.14. How many of these are residential numbers? (137)

Residential telephone numbers [6=6 or more]	—
Don't know/Not sure	7
Refused	9

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

Number of adults	—
None	8
Don't know/Not sure	7
Refused	9

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

Male	1
Female	2

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

Include occasional use or use in certain circumstances	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

Section 15: Physical Activity

If Q13.8=1,2, Ask q15.1, Else go to Q15.2

15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	Mostly sitting or standing	1
	Mostly walking	2
	or Mostly heavy labor or physically demanding work	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

Yes		1
No	Go to Q15.5	2
Don't know/Not sure	Go to Q15.5	7
Refused	Go to Q15.5	9

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

Days per week		<u> </u> <u> </u>
Don't know/Not sure		7 7
Refused		9 9

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

Hours and minutes per day		<u> </u> : <u> </u> <u> </u>
Don't know/Not sure		7 7 7
Refused		9 9 9

- 15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

Yes		1
No	Go to Q16.1	2
Don't know/Not sure	Go to Q16.1	7
Refused	Go to Q16.1	9

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

Days per week	<u> </u>
Don't know/Not sure	7 7
Refused	9 9

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

Hours and minutes per day	<u> </u> : <u> </u> <u> </u>
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 16: Prostate Cancer Screening

If Respondent is female, or Q13.1<40, Go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

Yes	1
No	2
Don't Know/not Sure	7
Refused	9

Go to Q16.3

Go to Q16.3

Go to Q16.3

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years)	2
Within the past 3 years (2 to 3 years)	3
Within the past 5 years (3 to 5 years)	4
5 or more years ago	5
Don't know	7
Refused	9

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Go to Q16.5

Go to Q16.5

Go to Q16.5

- 16.4. How long has it been since your last digital rectal exam? (159)
- | | | |
|---|---|---|
| Within the past year (1 to 12 months ago) | 1 | |
| Within the past 2 years (1 to 2 years) | | 2 |
| Within the past 3 years (2 to 3 years) | | 3 |
| Within the past 5 years (3 to 5 years) | | 4 |
| 5 or more years ago | 5 | |
| Don't know | 7 | |
| Refused | 9 | |
- 16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
- 16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 17: Colorectal Cancer Screening

If Q13.1<50, Go to Q18.1

- 17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)
- | | | |
|---------------------|--------------------|---|
| Yes | | 1 |
| No | Go to Q17.3 | 2 |
| Don't know/Not sure | Go to Q17.3 | 7 |
| Refused | Go to Q17.3 | 9 |

17.2. How long has it been since you had your last blood stool test using a home kit?
(163)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years)	2
Within the past 5 years (2 to 5 years)	3
5 or more years ago	4
Don't know	7
Refused	9

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?
(164)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Go to HIV/AIDS Section

Go to HIV/AIDS Section

Go to HIV/AIDS Section

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?
(165)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years)		2
Within the past 5 years (2 to 5 years)		3
5 or more years ago	4	
Don't know	7	
Refused	9	

Section 18: HIV/AIDS

If Q13.1>64, Go to Transition to Modules

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you Don't know.

- 18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

True	1
False	2
Don't know/Not Sure	7
Refused	9

- 18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

True	1
False	2
Don't know/Not Sure	7
Refused	9

Go to Q18.4
Go to Q18.4
Go to Q18.4

- 18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

Please Read

Very effective	1
Somewhat effective	2
or	
Not at all effective	3

Do not read these responses	Don't know/Not sure	7
	Refused	9

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

Please Read

Very important	1
Somewhat important	2
or	
Not at all important	3

Do not read these responses	Don't know/Not sure	7
	Refused	9

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

Include saliva tests	Yes		1
	No	Go to Q18.9	2
	Don't know/Not sure	Go to Q18.9	7
	Refused	Go to Q18.9	9

18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

Include saliva tests	Code month and year	__ __ / __ __
	Don't know/Not sure	7 7 7 7
	Refused	9 9 9 9

8.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?
(175-176)

Read Only if Necessary

For hospitalization or surgical procedure	0 1
To apply for health insurance	0 2
To apply for life insurance	0 3
For employment	0 4
To apply for a marriage license	0 5
For military induction-or military service	0 6
For immigration	0 7
Just to find out if you were infected	0 8
Because of referral by a doctor	0 9
Because of pregnancy	1 0
Referred by your sex partner	1 1
For routine check-up	1 3
Because of occupational exposure	1 4
Because of illness	1 5
Because I am at risk for HIV	1 6
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

Read Only if Necessary

Private doctor, HMO	0	1	
Blood bank, plasma center, Red Cross	0	2	
Health department	0	3	
AIDS clinic, counseling, testing site	0	4	
Hospital, emergency room, outpatient clinic	0	5	
Family planning clinic			0 6
Prenatal clinic, obstetrician's office	0	7	
Tuberculosis clinic	0	8	
STD clinic	0	9	
Community health clinic	1	0	
Clinic run by employer	1	1	
Insurance company clinic	1	2	
Other public clinic	1	3	
Drug treatment facility	1	4	
Military induction or military service site	1	5	
Immigration site	1	6	
At home, home visit by nurse or health worker	1	7	
At home using self-sampling kit	1	8	
In jail or prison	1	9	
Other	8	7	
Don't know/Not sure	7	7	
Refused	9	9	

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Transition to Modules and State-added Questions

Finally, I have just a few questions left about some other health topics.

State Added Health Care Coverage

RI4_1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (412)

Yes Go to Module 4	1
No	2
Don't know/not sure	7
Refused	9

If 2.1=1 ask RI4_2, else Go to RI4_3.

Earlier you stated that you had health care coverage.

RI4_2. What type of health care coverage do you use to pay for most of your medical care? (413-414)

Is it coverage through: Coverage Code __ __

Please Read

Your employer	0 1
Someone else's employer	0 2
A plan that you or someone else buys on your own	0 3
Medicare	0 4
Medicaid or Medical Assistance	0 5
The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
The Indian Health Service [or the Alaska Native Health Service]	0 7
Or	
Some other source	0 8
Do not None	8 8
read these Don't know/Not sure	7 7
responses Refused	9 9

Go to Module 4: Health Care Coverage and Utilization

If 2.1=2 ask RI4_3, else Go to Module 4.

Earlier you stated that you did not have health care coverage.

RI4_3. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (415-416)

Coverage through: Coverage Code __ __

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"	Your employer	0 1
	Someone else's employer	0 2
	A plan that you or someone else buys on your own	0 3
	Medicare	0 4
	Medicaid or Medical Assistance	0 5
	The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	The Indian Health Service [or the Alaska Native Health Service]	0 7
Do not read these responses	or	
	Some other source	0 8
	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

Module 4: Health Care Coverage and Utilization

The next questions are about health care.

MOD4_4. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (242)

If "no," ask "Is there <u>more</u> than one or is there <u>no</u> place you usually go to?"	Yes	Go to MOD4_6	1
	More than one place		2
	No	Go to MOD4_7	3
	Don't know/Not sure	Go to MOD4_7	7
	Refused	Go to MOD4_7	9

MOD4_5. Is there one of these places that you go to most often when you are sick or need advice about your health? (243)

Yes		1
No	Go to MOD4_7	2
Don't know/Not sure	Go to MOD4_7	7
Refused	Go to MOD4_7	9

MOD4_6. What kind of place is it? (244)

Would you say: **Please Read**

A doctor's office or HMO	1
A clinic or health center	2
A hospital outpatient department	3
A hospital emergency room	4
An urgent care center	5
or	
Some other kind of place	8

Do not read these responses	Don't know/Not sure	7
	Refused	9

MOD4_7. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (245)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD4_8. About how long has it been since you last visited a doctor for a routine checkup? (246)

Read Only if Necessary

A routine	Within the past year (1 to 12 months ago)	1
checkup is a	Within the past 2 years (1 to 2 years ago)	2
general phys-	Within the past 5 years (2 to 5 years ago)	3
ical exam, not	5 or more years ago	4
an exam for	Don't know/Not sure	7
a specific	Never	8
injury, ill-	Refused	9
ness, or con-		
dition		

State-Added: Children's Health Care Coverage

If Q13.6 = 88 or 99 go to Module 5: Women's Health

Earlier you said that there was/were **{Fill in response from Q13.6}** in your household under the age of 18.

RI5_2. **{If > 1 child in household}** Of the children under age 18, what is the age of the child who had a birthday most recently ... (420-421)

Enter Child's age
Don't Know 7 7
Refused 9 9

Go to RI5_4

RI5_3. What is the child's age? (420-421)

Enter Child's age
Don't Know 7 7
Refused 9 9

RI5_4. Is this child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid, or Rite Care?

(422)

a. Yes	Go to RI5_6	1
b. No		2
	Don't Know/Not Sure Go to RI5_6	7
	Refused Go to RI5_6	9

RI5_5. How long has it been since the child had health coverage, if ever? (423)

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (7 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Never | 6 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

RI5_6. Was there a time during the last 12 months when the child needed to see a doctor, but could not because of the cost?

(424)

- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

RI5_7. About how long has it been since this child last visited a doctor for a routine checkup? (425)

- | | |
|---|---|
| a. Within the past year (7 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Never | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

Module 5: Women's Health

If respondent is male, go to Oral Health

MOD5_1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (247)

- | | |
|---|---|
| Yes | 1 |
| No Go to MOD5_4 | 2 |
| Don't know/Not sure Go to MOD5_4 | 7 |
| Refused Go to MOD5_4 | 9 |

MOD5_2. How long has it been since you had your last mammogram? (248)

Read only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5
Don't know/Not sure	7
Refused	9

MOD5_3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (249)

Routine checkup	1
Breast problem other than cancer	2
Had breast cancer	3
Don't know/Not sure	7
Refused	9

MOD5_4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (250)

Yes	1
No Go to MOD5_7	2
Don't know/Not sure Go to MOD5_7	7
Refused Go to MOD5_7	9

MOD5_5. How long has it been since your last breast exam? (251)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5
Don't know/Not sure	7
Refused	9

MOD5_6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (252)

Routine checkup	1
Breast problem other than cancer	2
Had breast cancer	3
Don't know/Not sure	7
Refused	9

MOD5_7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (253)

Yes	1
No Go to MOD5_10	2
Don't know/Not sure Go to MOD5_10	7
Refused Go to MOD5_10	9

MOD5_8. How long has it been since you had your last Pap smear? (254)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5
Don't know/Not sure	7
Refused	9

MOD5_9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (255)

Routine exam	1
Check current or previous problem	2
Other	3
Don't know/Not sure	7
Refused	9

If Q 13.17=1, Go to Oral Health

MOD5_10. Have you had a hysterectomy? (256)

A hysterectomy is an operation to remove the uterus (womb)	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

If respondent 45 years old or older, go to RI6_1

13.17. To your knowledge, are you now pregnant? (140)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State Added: Women's Health for Non-Diabetics

If Q7.1=1, Go to Module 6: Oral Health

RI6_1. Have **you** ever given birth? (426)

Yes	1
No Go to Module 6: Oral Health	2
Refused Go to Module 6: Oral Health	9

RI6_2. Have you ever given birth to a baby that weighed more than 9 pounds at birth? (427)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Module 6: Oral Health

MOD6_1. How long has it been since you last visited a dentist or a dental clinic for any reason? (257)

Read Only if Necessary

Include	Within the past year (1 to 12 months ago)	1
visits to	Within the past 2 years (1 to 2 years ago)	2
dental spec-	Within the past 5 years (2 to 5 years ago)	3
ialists, such	5 or more years ago	4
as ortho-	Don't know/Not sure	7
dontists	Never	8
	Refused	9

MOD6_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
(258)

Include teeth	1 to 5	1
lost due to	6 or more but not all	2
"infection"	All	3
	None	8
	Don't know/Not sure	7
	Refused	9

If MOD6_1=8 or MOD6_2=3, Go to MOD6_4

MOD6_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(259)

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

If MOD6_1 or MOD6_3=1 Go to MOD6_5

MOD6_4. What is the main reason you have not visited the dentist in the past year?
(260-261)

Read Only if Necessary

Fear, apprehension, nervousness, pain, dislike going	01
Cost	02
Do not have/know a dentist	03
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	04

No reason to go (no problems, no teeth)	05
Other priorities	06
Have not thought of it	07
Other	08
Don't know/Not sure	77
Refused	99

MOD6_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (262)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Module 13: Tobacco Indicators

If Q10.1≠1, Go to MOD13_7

Previously you said you have smoked cigarettes.

MOD13_1. How old were you the first time you smoked a cigarette, even one or two puffs? (347-348)

Code age in years	— —
Don't know/Not sure	77
Refused	99

MOD13_2. How old were you when you first started smoking cigarettes regularly? (349-350)

Code age in years	— —
Never smoked regularly Go to MOD13_6	88
Don't know/Not sure	77
Refused	99

If Q10.2=9, Go to MOD13_6

If Q10.2≠3, Go to MOD13_4

MOD13_3. About how long has it been since you last smoked cigarettes regularly? (351-352)

Read Only if Necessary

Within the past month (0 to 1 month ago)	01
Within the past 3 months	02
Within the past 6 months	03

Within the past year	04
Within the past 5 years	05
Within the past 10 years	06
10 or more years ago	07
Don't know/Not sure	77
Refused	99

Go to MOD 13_6

If MOD4_8=1, Autofill MOD 13_4=1

MOD13_4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (353)

Yes	1
No Go to MOD13_6	2
Don't know/Not sure Go to MOD13_6	7
Refused Go to MOD13_6	9

MOD13_5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD13_6. Which statement best describes the rules about smoking inside your home? (355)

Please Read

Smoking is not allowed anywhere inside your home	1
Smoking is allowed in some places or at some times	2
Smoking is allowed anywhere inside the home	3
or	
There are no rules about smoking inside the home	4

Do not read these responses	Don't know/Not sure	7
	Refused	9

If Q13.8≠1,2, Go to State-Added Disability

MOD13_7. While working at your job, are you indoors most of the time? (356)

Yes	1
No Go to State-Added Disability	2

Don't Know/Not Sure	Go to State-Added Disability	7
Refused	Go to State-Added Disability	9

MOD13_8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

	Please Read	
For workers who visit clients, "place of work" means their base location	Not allowed in any public areas	1
	Allowed in some public areas	2
	Allowed in all public areas	3
	or	
	No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

MOD13_9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

	Please Read	
	Not allowed in any work areas	1
	Allowed in some work areas	2
	Allowed in all work areas	3
	Or	
	No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

State Added: Diabetes for Non-Diabetics

If Q7.1=1, Go to State-Added Disability

RI7_1. Have any of your immediate blood relatives your mother, father, brothers or sisters had diabetes? (428)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI7_2. Have you ever been tested by a blood sugar test to see if you have diabetes? (429)

Yes	1
No Go to RI7_4	2

Don't know/Not sure	Go to RI7_4	7
Refused	Go to RI7_4	9

RI7_3. Did you have to fast for at least 8 hours before getting your test? (430)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Please tell me whether you agree or disagree with the following two statements. If you don't know whether you agree or disagree please say that you are not sure.

RI7_4. People who have an African American or Hispanic background are more likely to get diabetes than are people of other ancestries. (431)

Agree	1
Disagree	2
Don't know	7
Refused	9

RI7_5. People who have a blood relative with diabetes are more likely to get diabetes than are people who don't have a blood relative with diabetes. (432)

Agree	1
Disagree	2
Don't know	7
Refused	9

State-Added: Disability

The next two questions are about your support needs and life satisfaction.

RI8_1. (D) How often do you get the social and emotional support you need? (367)

Would you say: **Please Read**

a.	Always	1
b.	Usually	2
c.	Sometimes	3
d.	Rarely	4
	or	
e.	Never	5

Do not read these responses	Don't know/Not sure	7
	Refused	9

RI8_2. (D) In general, how satisfied are you with your life? (368)

Would you say: **Please Read**

- | | | |
|----|---------------------|---|
| a. | Very satisfied | 1 |
| b. | Satisfied | 2 |
| c. | Dissatisfied | 3 |
| | or | |
| d. | Very dissatisfied | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

**Do not
read these
responses**

"These next questions are about limitations you may have in your daily life."

RI8_3.(D) Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (369)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

RI8_ 4. (D) What is the farthest distance you can walk by yourself, without any special equipment or help from others? (370)

Please Read

- | | | |
|----|-------------------------------------|---|
| a. | Not any distance | 1 |
| b. | Across a small room | 2 |
| c. | About the length of a typical house | 3 |
| d. | About one or two city blocks | 4 |
| e. | About one mile | 5 |
| | or | |
| f. | More than one mile | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

**Do not read
these responses**

If Q14.1=1, or if Q14.2=1, or if RI8_3=1 continue, else go to RI8_9.

RI8_ 5. (M) What is your MAJOR impairment or health problem? (371-372)

Reason Code

If respondent says "I'm not limited," say "I'm referring to the health problem or use of special equipment when I asked earlier about limitations in your daily life."	a.	Arthritis/rheumatism	01
	b.	Back or neck problem	02
	c.	Fractures, bone/joint injury	03
	d.	Walking problem	04
	e.	Lung/breathing problem	05
	f.	Hearing problem	06
	g.	Eye/vision problem	07
	h.	Heart problem	08
	i.	Stroke problem	09
	j.	Hypertension/high blood pressure	10
	k.	Diabetes	11
	l.	Cancer	12
	m.	Depression/anxiety/emotional problem	13
	n.	Other impairment/problem	14
		Don't know/Not sure	77
		Refused	99

RI8_6. (M) For HOW LONG have your activities been limited because of your major impairment or health problem? (373-375)

a.	Days	1 _ _
b.	Weeks	2 _ _
c.	Months	3 _ _
d.	Years	4 _ _
	Don't know/Not sure	7 7 7
	Refused	9 9 9

RI8_7. (M) Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (376)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

RI8_8. (M) Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (377)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

RI8_9. (M) During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (378-379)

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

RI8_10. (M) During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (380-381)

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

RI8_11. (M) During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (382-383)

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

RI8_12. (M) During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (384-385)

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

RI8_13. (M) During the past 30 days, for about how many days have you felt
VERY HEALTHY and FULL OF ENERGY? (386-387)

- | | | |
|----|---------------------|-----|
| a. | Number of days | — — |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

RI8_14. (D) **If number of adults equals 1 and core Q13.6 is "none," go to next section.**

Is there anyone [fill in (else) if "yes" to Core Q14.1 or Q 14.2 or if
RI8_3 in the Disability Module is "yes"] in your household who is
LIMITED in any way in any activities because of any physical, mental, or
emotional problem or who uses special equipment? (388)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to State Added: Care Giving | 2 |
| | Don't know/Not sure Go to State Added: Care Giving | 7 |
| | Refused Go to State Added: Care Giving | 9 |

RI8_15. (D) How old are these people?

- | | | | | |
|--------------------------|----|----------|-----|-----------|
| Code ages | a. | person 1 | — — | (389-390) |
| 97 = 97 and older | b. | person 2 | — — | (391-392) |
| 98 = DK/NS | c. | person 3 | — — | (393-394) |
| 99 = Refused | d. | person 4 | — — | (395-396) |
| | e. | person 5 | — — | (397-398) |

State-Added: Care Giving

If RI8_7=2, Go to RI9_3

RI9_1. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (433-434)

Read Only if Necessary

If a relative that is paid, code as appropriate relative	Husband/wife/partner	0 1
	Parent/son/son-in-law/daughter/daughter-in-law	0 2
	Other relative	0 3
	Unpaid volunteer	0 4
	Paid employee or home health service	0 5
	Friend or neighbor	0 6
	Combination of family and/or friends and/or paid help	0 7
	Other	0 8
	No one helps me Go to RI9_3	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

RI9_2. Is the assistance you receive to meet your personal care needs from all sources:
(435)

Please Read

	Usually adequate	1
	Sometimes adequate	2
	or	
	Rarely adequate	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

If RI8_8=2, Go to State Added: Asthma

RI9_3. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (436-437)

— — Reason code

If a relative that is paid, code as appropriate relative	Read Only if Necessary	
	Husband/wife/partner	0 1
	Parent/son/son-in-law/daughter/daughter-in-law	0 2
	Other relative	0 3
	Unpaid volunteer	0 4
	Paid employee or home health service	0 5
	Friend or neighbor	0 6
	Combination of family and/or friends and/or paid help	0 7
	Other	0 8
	No one helps me Go to next module	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

RI9_4. Is the assistance you receive to meet your routine needs from all sources: (438)

Please Read		
	Usually adequate	1
	Sometimes adequate	2
	or	
	Rarely adequate	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

State-Added: Asthma

Now, I'd like to ask you a few questions about coughing or breathing problems you may have had in the past year that were not related to colds or other infections.

RI10_1 Excluding colds and other infections, during the past 12 months, have you experienced coughing spells that take minutes or hours to go away or that never go away completely? (439)

Yes		1
No	Go to RI10_3	2
Don't know/Not sure	Go to RI10_3	7
Refused	Go to RI10_3	9

RI10_2 Thinking about the times that you had coughing spells, did you also bring up phlegm or sputum with your coughs? (440)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI10_3 During the past 12 months, have there been times when you had tightness in your chest? (441)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI10_4 During the past 12 months, have there been times when you had wheezy breathing? (442)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI10_5 During the past 12 months, have there been times when you had shortness of breath when you were not exercising? (443)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

If RI10_1 through RI10_5 all = 2, 7 or 9 and Q6.1 = 2, 7 or 9, Go to RI10_10

If RI10_1 through RI10_5 all = 2, 7 or 9 and Q6.1 = 1, Go to RI10_9

Else continue.

The next three questions are about how the {if RI10_1=1 ask “coughing spells” & if RI10_2 = 1 ask “phlegm” & if RI10_3 = 1 ask “tightness in your chest” & if RI10_4 = 1 ask “wheezy breathing” & if RI10_5= 1 ask “shortness of breath”} may have affected you in the past 2 weeks?

RI6_6 In the past two weeks, were you awakened from sleep by the {if RI10_1=1 ask “coughing spells” & if RI10_2 = 1 ask “phlegm” & if RI10_3 = 1 ask “tightness in your chest” & if RI10_4 = 1 ask “wheezy breathing” & if RI10_5= 1 ask “shortness of breath”}? (444)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI6_7 In the past two weeks, how many days were you kept from work, school or any other daily activities because of the {if RI10_1=1 ask “coughing spells” & if RI10_2 = 1 ask “phlegm” & if RI10_3 = 1 ask “tightness in your chest” & if RI10_4 = 1 ask “wheezy breathing” & if RI10_5= 1 ask “shortness of breath”}? (445-446)

Number of days	<u> </u>
Don't know/Not sure	7 7
Refused	9 9

RI6_8 In the past 2 weeks, how many days were you free from the {if RI10_1=1 ask “coughing spells” & if RI10_2 = 1 ask “phlegm” & if RI10_3 = 1 ask “tightness in your chest” & if RI10_4 = 1 ask “wheezy breathing” & if RI10_5= 1 ask “shortness of breath”}? (447-448)

Number of days	<u> </u>
Don't know/Not sure	7 7
Refused	9 9

{If RI10_3 = 2, 7, or 9 & RI10_5 = 2, 7, or 9, and RI10_4=2,7, or 9 Go to RI10_14}

RI10_9. Do you currently take any medication to help you breath better? (449)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI10_10. Thinking about medications you take to help you breathe better.
Do you take medications... **[Read 10a-e]**

	YES	NO	DK/NS	REFUSED	
a. every day or almost every day?	1	2	7	9	(450)
b. when you exercise?	1	2	7	9	(451)
c. for quick relief?	1	2	7	9	(452)
d. when you have a respiratory infection?	1	2	7	9	(453)
e. when you have allergies?	1	2	7	9	(454)

If RI10_10a≠1, Go to RI10_10b

RI10_11a. Can you tell me the name of the medications you take everyday or almost every day to help you breathe better? {MUL 2} Interviewer Prompt: Any other? (455-460)

See attached medication list

If RI10_10b≠1, Go to RI10_10c

RI10_11b. Can you tell me the name of the medications you take when you exercise to help you breath better? {MUL 2} Interviewer Prompt: Any other? (461-466)

See attached medication list

If RI10_10c≠1, Go to RI10_10d

RI10_11c. Can you tell me the name of the medications you take everyday for quick relief to breathe better? {MUL 2} Interviewer Prompt: Any other? (467-472)

See attached medication list

If RI10_10d≠1, Go to RI10_12

RI10_11d. Can you tell me the name of the medications you take when you have a

respiratory infection to help you breathe better? {MUL 2} Interviewer Prompt:
Any other?

See attached medication list

(473-478)

RI10_12. Since you started taking medication to help you breathe better, have there been times this medication was unavailable to you when you needed it? (479)

Yes	1
No Go to RI10_14	2
Don't know/Not sure	7
Refused Go to RI10_14	9

RI10_13. And how many times **in the past 12 months** has this medication been unavailable to you when you needed it? Would you say medication has been unavailable between one and three times, between four and six times, between seven and nine times, or ten times or more? (480)

1-3 times	1
4-6 times	2
7-9 times	3
10 or more times	4
Don't know/Not sure	7
Refused	9

RI10_14 Does anyone smoke regularly inside your house or apartment? (481)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

If Q13.6=88 or 99, Go to State-Added Lyme Disease

RI10_15. **If Q13.6 >1 ask:** You said before that there are {Insert total number of children from Q13.6} children under age 18 living in your household. Has a doctor ever said that any of the children under age 18 currently living in your household has asthma?

If Q13.6=1 ask: You said before that there is one child under age 18 living in your household. Has a doctor ever said that the child under age 18 currently living in your household has asthma?

(482)

Yes	1
No Go to State-Added Lyme Disease	2
Don't know/Not sure Go to State-Added Lyme Disease	7
Refused Go to State-Added Lyme Disease	9

RI10_15a **If Q13.6>1 and RI10_15=1 ask:** How many of these children have ever been diagnosed with asthma? (483-484)

Record Number	—
Don't Know	77
Refused	99

If RI10_15a=1, Go to RI10_17

If RI10_15a=0, 88 or 99, Go to State-Added Lyme Disease

RI10_16. How many of these children still have asthma? (485-486)

Record Number	—
None	88
Don't Know	77
Refused	99

RI10_17. Does this child still have asthma? (487)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State-Added: Lyme Disease

Next, I would like to ask you some questions about Lyme disease.

RI11_1. How would you rate your own chances of getting Lyme disease in the coming year? (488)

High	1
Medium	2
Low	3
None	8
Don't know/Not sure	7
Refused	9

RI11_2. Are you aware that there is a vaccine for Lyme disease? (489)

Yes	1
No	Go to RI11_ 5 2
Don't know/Not sure	Go to RI11_ 5 7
Refused	Go to RI11_ 5 9

RI11_3. Have you ever received the Lyme disease vaccine ? (490)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI11_4. Do you plan on receiving the Lyme disease vaccine in the future? (491)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI11_5. During the past year, when in high risk areas, such as wooded or grassy areas, please tell me how often you have taken the following measures to protect yourself:

a) Wearing long pants tucked into socks. (492)

[Would you say.....]

Always	1
Sometimes	2
Never in high risk areas Go to Closing Statement	3
Never	8
Don't know/Not sure	7
Refused	9

b) Looking for ticks on yourself and removing them. (493)

[Would you say.....]

Always	1
Sometimes	2
Never in high risk areas Go to Closing Statement	3
Never	8
Don't know/Not sure	7
Refused	9

c) Using an insect repellent on your skin or clothes. (494)

[Would you say.....]

Always	1
Sometimes	2
Never in high risk areas	3
Never	8
Don't know/Not sure	7
Refused	9

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

To interviewer:

Rhode Island BRFSS 2001 - Draft #4

Created on ~~08/15/2003 11:41 AM~~~~01/19/2001 9:39 AM~~~~12/20/00 10:47 AM~~

RI13_1. In what language was this interview completed? (496)

English	1
Spanish	2
Portuguese	3

Medication List for Asthma (brand names in alphabetical order)

Accolate	001	Elixphyllin KI	041	Sustaire	081
Accubron	002	Flovent	042	Terbutaline	082
Aerobid	003	Flovent Rotadisk	043	Theo-24	083
Aerolate	004	Fluticasone	044	Theobid	084
Airet	005	Gastrocrom	045	Theo-Clear	085
Albuterol	006	Hydrocotone	046	Theochrom	086
Albuterol Sulfate	007	Hydro-Spec	047	Theocontin	087
Alupent	008	Instavent	048	Theocot	088
Amcort	009	Isoetharine	049	Theo-Dur	089
Aminophylline	010	Isuprel	050	Theolair	090
Aquaphyllin	011	Intal	051	Theomar	091
Aristocort	012	Labid	052	Theo-Time	092
Aristocort Forte	013	Lanophyllin	053	T-Phyl	093
Asmalix	014	Lixolin	054	Theophyl	094
Asmavent	015	Maxair	055	Theophylline Anhydrous	095
Atrovent	016	Medrol	056	Theophylline KI	096
Asthmahaler	017	Metaprel	057	Theo-Sav	097
Azmacort	018	Metaproterenol	058	Theosol-80	098
Beclomethasone	019	Montelukast	059	Theospan Sr	099
Beclovent	020	Nasalcrom	060	Theovent	100
Brethaire	021	Nedocromil	061	Theox	101
Brethancer	022	Norphyl	062	Tilade	102
Brethine	023	Opticrom	063	Tornalate	103
Bricanyl	024	Prednisone	064	Triamcinolone	104
Broniten	025	Primatene	065	Truphylline	105
Bronkaid	026	Primatene Mist	066	Truxophyllin	106
Bronkodyl	027	Proventil	067	Unicontin	107
Broncomar	028	Pulmicort	068	Uni-Dur	108
Bronkometer	029	Pulmo	069	Uniphyl	109
Brycanyl		Quibron	070	Vanceril	110 030
Buventol	031	Respid	071	Ventimax	111
Constant T	032	Respighaler	072	Ventolin	112
Cromolyn	033	Salmeterol	073	Ventolin Rotacaps	113
Decadron	034	Serevent	074	Volmax	114
Deltasone	035	Servent	075	Zyflo	115
Drafilyn Z	036	Singulair			
Dyphylline	037	Slo-Bid	077	Don't know/Not sure	777
Elixicon		Slo-Phyllin	078	Refused	999 038
Elixomin	039	Solu-Phyllin	079		
Elixophillin	040	Somo-Phyllin	080		